SERVICE	LIMITATIONS
9.b. Psychiatric Clinics (Continued)	Clozapine Support Services are services ordered and directed by a psychiatrist who determines they are medically necessary services for a person with a diagnosis of Schizophrenia to receive clozapine on an outpatient basis. These services are a group of discrete patient medical care functions performed by a psychiatrist or under the direction and supervision of a psychiatrist by a pharmacist, registered nurse, or physician assistant. The services provide for at least one face-to-face encounter with the patient each week. The support services are intended to assure collaborative, uninterrupted, and safe patient medical management. Clozapine support services are compensable for a period of time that the psychiatrist determines is medically necessary, but not to exceed a six calendar month period. If the psychiatrist determines that Clozapine support services continue to be medically necessary at the end of a six month eligibility period, the psychiatrist may reorder a new eligibility period. The maximum time period for each order shall not exceed six consecutive calendar months. The psychiatrist's original assessment and all reassessments of the person receiving clozapine must document the ongoing efficacy of the drug in treating the patient's Schizophrenia and the medical necessity for the support services. If a patient is discontinued from clozapine therapy, the patient remains eligible for clozapine support services on an outpatient basis for not less than four weeks or more than eight weeks after the drug therapy is stopped.
9.c. Drug and Alcohol and Methadone Maintenance Clinics	Limitations on payment - The following limits apply to payment for compensable services:

SERVICE	LIMITATIONS
9.c. Drug and Alcohol and Methodone Maintenance Clinics (Continued)	Limited to approved clinics. In addition, payme is subject to the following services limitations (a) One (1) fifteen (15) minute clinic visit per day provided an eligible recipient. Payment will be made for only one of the following if mo than one compensable service is provided in one 24-hour period; methadone maintenance clinic visit, chemotherapy clinic visit or opiate detoxification clinic visit. If psychotherapy i provided on the same day as a clinic visit, payment will be made only for the psychotherapy. (b) Seven methadone maintenance clinic visits per patient per week for as long as the patient requires methadone maintenance as determined by his/her physician and documented in the patient's medical record. (c) Forty-two opiate detoxification clinic visits per patient per 365-day period for the purpose of outpatient, ambulatory opiate detoxification.

SERVICE	LIMITATIONS
9.c. Drug and Alcohol and Methadone Maintenance Clinics (Continued)	(d) Three (3) chemotherapy clinic visits per patient in a 30 day period for drug/alcohol patients not on methadone maintenance or receiving opiate detoxification but requiring chemotherapy. (e) Eight (8) total hours of psychotherapy per patient per 30-day period. This total applies to all psychotherapy: individual, family and group. (f) One (1) Psychiatric Evaluation or Comprehensive Medical Evaluation per patient per 365-day period. Either the Psychiatric Evaluation or the Comprehensive Medical Evaluation may be billed in a 365-day period; payment will only be made for one evaluation in one 365-day period. (g) One (1) Comprehensive Diagnostic Psychological Evaluation or up to an $80 maximum worth of individual psychological or intellectual evaluations per patient per one 365-day period.
9.d.	
9.e. Birth center services	Payment limitations: 1. Payment is limited to an all-inclusive fee for services provided under the auspices of a birth center.
9.f. Renal dialysis services	Payment limitations: 1. Initial training for home dialysis is limited to twenty-four (24) sessions per patient or partner. 2. Dialysis procedures provided as back-up to home dialysis are limited to fifteen (15) per year. 3. Installation of non-expendable home equipment is limited to a one (1) time charge.

SERVICE	LIMITATIONS
9.(g) Ambulatory Surgical Center (ASC) Services	Limitations on payment - (a) Payment is limited to: (1) The lower of the facility's charge or the rate determined by the Department that the the facility is eligible to bill. (2) When two or more procedures are performed during a same day stay, payment will be made only for the procedure carrying the highest rate of payment. No allowance is made for additional procedures. (b) Payment is not made for: (1) Services that do not conform to the requirements specified under the Department's regulations relating to ASCs. (2) Sterilizations performed on individuals under 21 years of age. (3) Sterilizations performed on individuals 21 years of age or older who have not signed the Consent Form for Sterilization at least 30 days but not more than 180 days prior to the sterilization. (4) Abortion procedures performed on individuals if a Physician Certification for an Abortion form has not been completed. (5) Services provided by an ASC that does not meet the Federal Medicare requirements at 42 CFR 416 (relating to ambulatory surgical services). (6) Procedures and medical care performed in connection with sex reassignment. (7) Medical, dental or surgical procedures which may be provided in a clinic or practitioner's office without undue risk to the patient.

SERVICE	LIMITATIONS
Ambulatory Surgical Center (ASC) Services (Continued)	(8) Plastic or cosmetic surgery for beautification purposes - for example, otoplasty for protruding ears or lop ears, rhinoplasty - except for internal nasal deformity - nasal reconstruction, excision of keloids, mammoplasty, silicone or silastic implants, dermabrasion, skin grafts and lipectomy. Plastic surgery is compensable if performed for the purpose of improving the functioning of a deformed body member. (9) Dental cases involving oral rehabilitation or restorative services, except for procedures performed for treatment of a secondary diagnosis, unless: (i) The nature of the surgery or the condition of the patient precludes the procedure in the dentist's office. (ii) A physician or dentist has documented in the patient's medical record the medical justification for performing the procedure in a same day surgery setting. (10) Diagnostic tests and procedures that can be performed in a clinic or practitioner's office and diagnostic tests and procedures not related to the diagnosis. (11) Services and items for which full payment is available through Medicare, other financial resources or other health insurance programs. (12) Services and items not ordinarily provided to the general public. (13) Diagnostic or therapeutic procedures solely for experimental, research or educational purposes. (14) Procedures that are not listed under the Medical Assistance Fee Schedule. (15) Services that are not medically necessary.

SERVICE	LIMITATIONS
g. Ambulatory Surgical Center (ASC) Services (Continued)	(16) Services provided in conjunction with an admission that is not certified under the Department's utilization review process for same day surgical services. (17) Any medical services, procedures, or pharmaceuticals related to treating infertility.

SERVICE	LIMITATIONS
10. Dental Services	Limitations on payment - Limited to all medically necessary dental services for recipients eligible for EPSDT services. Limitations on payment - The following limits apply to payment for compensable services: (1) Orthodontic services required to treat acute dental problems or prevent irreversible damage to the teeth or supporting structures. (2) Maximum allowance for any combination of dental radiographs per patient per dentist per year is $30.00. (3) Payment for an initial oral examination is limited to one (1) per patient per dentist. (4) Payment for a periodic oral examination is limited to one (1) per 180 days. (5) Payment for intraoral radiography, complete series, including bitewings, is limited to one (1) per five (5) years. (6) Payment for panoramic-maxilla or mandible, single film is limited to one (1) per five (5) years. (7) Payment for dental prophylaxis is limited to one (1) per 180 days. (8) Payment for space maintainers is limited to one (1) per quadrant. 9) Prior authorization is required for orthodontia, complete and partial dentures, space maintainers, crowns, extraction of more than one tooth in preparation for the insertion of a prosthetic device, the extraction of six or more teeth during one visit or one period of hospitalization and all surgical extractions. (10) The maximum allowable payment to a dentist for outpatient surgical procedures per recipient per day is $500.00. (11) The maximum allowable payment to a dentist per recipient per hospitalization is $1000.00. (12) Payment for two or more surgical procedures performed by the same dentist is limited to 100% of the allowable fee for the highest procedure and 25% of the second highest paying procedure.

Service	Limitations
11. Physical therapy and related services	a. Physical therapy must be prescribed by or under the direct supervision of a physical therapist. It must be provided in a hospital, inpatient or outpatient , an approved clinic, a physician's office, a SNF or ICF and as a home health agency service.
	b. Occupational therapy must be prescribed by a physician and must be provided by or under the supervision of an occupational therapist. It is covered when provided in a hospital, inpatient or outpatient, a SNF or ICF, or as a home health agency service.
	c. Services for individuals with speech, hearing and language disorders must be prescribed by a physician and must be provided by or under supervision of a speech pathologist or audiologist. It is covered when provided in a hospital, inpatient and outpatient, a SNF or ICF, or as a home health agency service. Speech, hearing and language disorder services include diagnostic examination and evaluation; and hearing aids which require prior authorization.
	a.b.c. For individuals eligible for both Medicare and medical assistance, the deductible and coinsurance is paid in accordance with medical assistance payment rates. For other providers or agencies, these services are limited to individuals under 21 years of age for treatment of physical or mental problems identified during EPSDT screenings and require prior authorization.
12. Prescribed Drugs, Dentures, and Prosthetic Devices, and Eyeglasses (Continued)	
12b. Dentures	The following limits apply to payment for compensable services:

SERVICE	LIMITATIONS
12b. Dentures	Limited to individuals under 21 years of age. Limitations on payment - One (1) pair of complete and partial dentures for recipients eligible for EPSDT services per five (5) year period.

State/Territory: COMMONWEALTH OF PENNSYLVANIA

AMOUNT, DURATION AND SCOPE OF SERVICES PROVIDED
MEDICALLY NEEDY GROUP(S): ALL

c. Prosthetic devices.

/X/ Provided: // No limitations /X/ With limitations*

d. Eyeglasses.

/X/ Provided: // No limitations /X/ With limitations*

13. Other diagnostic, screening, preventive, and rehabilitative services, i.e., other than those provided elsewhere in this plan.

a. Diagnostic services.

/X/ Provided: // No limitations /X/ With limitations*

b. Screening services.

/X/ Provided: // No limitations /X/ With limitations*

c. Preventive services.

/X/ Provided: // No limitations /X/ With limitations*

d. Rehabilitative services.

/X/ Provided: // No limitations /X/ With limitations*

14. Services for individuals age 65 or older in institutions for mental diseases.

a. Inpatient hospital services.

/X/ Provided: // No limitations /X/ With limitations*

b. Skilled nursing facility services.

/X/ Provided: /X/ No limitations // With limitations*

*Description provided on attachment.